PAGE MAR 12 2006

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for unusualiting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESTONDENCE ADDRESS (Mote: Use Block 1 for any change of address)

38810

7590

03/06/2006

DAVID LEASON 28 GAREY DRIVE CHAPPAQUA, NY 10514

03/13/2006 MGEBREM2 00000013 09880630

01 FC:2501

700.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Strip ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

avid (Dépôsitor's name) (Sign (Date) 12,2006

APPLICATION NO.	PILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/880,630	06/13/200]	David Leason	3607/1J483US1	5915	

TITLE OF INVENTION: EXTRINSIC SIGNAL TO SHUNT AN ACOUSTIC DRIVER IN A CELLULAR TELEPHONE, PAGER OR THE LIKE

APPLN. TYPE	SMALL ENTITY	issue F	E E	PUBLICATION FEE	TOTAL PEE(S) DUE	DATÉ DUE
nonprovisional	NO	\$1400	14700	\$0	\$1400	06/06/2006
EXAMINER PEACHES, RANDY		ART UNIT 2686		CLASS-SUBCLASS	J	
				455-567000		
Change of corresponden R 1.363).	ce address or indication of "I	Fee Address" (37		nting on the patent front page,		
	ndence address (or Change of	Correspondence	or agents t	mes of up to 3 registered part OR, alternatively,	-	
Tree Address" indicate	ation (or "Pee Address" Indic or more recent) attached, Us	eation form te of a Customer	2 registered	me of a single firm (having as attorney or agent) and the nar ed patent attorneys or agents. I name will be printed.	mes of un to	
ASSIGNEE NAME AN	D RESIDENCE DATA TO E	SE PRINTED ON T	HE PATENT	I (print or type)		
		elow no pszimec /	data will ann	ear on the estent If an assist	nna ja jakonsiituul kuluus aks ai	
PLEASE NOTE: Unles	s an assigned is identified b	ALOW TO TRANSPIPO	Total Williams	And handing as my manife	rice is identified below, the di	ocument has been tild
						ocument has been file
PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGN	VEE.		(B) RESIDE	NCE: (CITY and STATE OR	COUNTRY)	ocument has been the
(A) NAME OF ASSIGN			(B) RESIDE		COUNTRY)	ocument has been the
(A) NAME OF ASSIGN	iordinas C	ompany, L	(B) RESIDE	INCE: (CITY and STATE OR CHAPPAQ	COUNTRY)	
(a) name of assign _EASON H	iordinas C	ompany, L	(B) RESIDE	NCE: (CITY and STATE OR	COUNTRY)	
(A) NAME OF ASSIGN CASON H asso check the appropriat The following fee(s) are	NEB OLDINGS GE Resignee category or category	orn pany, L	(B) RESIDE	NCE: (CITY and STATE OR CHAPPAQ	COUNTRY)	
(A) NAME OF ASSIGN (A) NAME OF ASSIGN (B) AS OF H (C) AS OF H (C) AS OF H (C) ASSIGN (C) ASSIGN	NEB (OLOTA) (S Consider the Constitution of Category or Category o	orn pany, Lories (will not be pri	(B) RESIDE	ENCE: (CITY and STATE OR CHAPPAQ atent); Didividual 22 C Fec(s):	COUNTRY) Corporation or other private gro	
(A) NAME OF ASSIGN CASON H case check the appropriat The following fee(s) are Issue Fee Publication Fee (No	NEB OLD TAKES GE R assignee category or category enclosed: small cutity discount permits	orn pany, Lories (will not be pri	(B) RESIDE LC a inted on the p Puyment of	ENCE: (CITY and STATE OR CHAPPAQ atent); Didividual 22 C Fec(s): in the amount of the fee(s) is en	COUNTRY) Corporation or other private gro	
(A) NAME OF ASSIGN CASON H case check the appropriat The following fee(s) are Issue Fee Publication Fee (No	NEB OLDINGS GE Resignee category or category	orn pany, Lories (will not be pride 4b.	(B) RESIDE Inted on the p Puyment of A check is Payment The Direct	ENCE: (CITY and STATE OR CHAPPAQ atent); Didividual 22 C Fec(s):	COUNTRY) Corporation or other private groundsed. 8 is attached. argo the required fee(s), or cree	oup entity 🚨 Govern
(A) NAME OF ASSIGN (BASON H case check the appropriat The following fee(8) are I saue Fee Publication Fee (No Advance Order - # of Change in Entity States	NEB 2 assignee category or category enclosed: small entity discount permitted f Copies 5 (from status indicated above	orn pany, Lories (will not be prided)	(B) RESIDE inted on the p Puyment of A check i Payment The Direct Deposit A	ince: (CITY and STATE OR CHAPPAQ atent): Individual AC Fec(s): in the amount of the Re(s) is en thy credit card. Form PTO-203 ctor is hereby authorized by chaccount Number	COUNTRY) Corporation or other private groundsed. 8 is attached. arge the required fee(s), or cree	oup entity Govern
(A) NAME OF ASSIGN CASON H case check the appropriat The following fee(s) are I Publication Fee (No Advance Order - # of Change in Entity States A Applicant claims 8	NEB 2 assignee category or category e enclosed: small entity discount permitted f Copies 5 (from status indicated above EMALL ENTITY status. See	ornes (will not be pri 4b. ed) el) 37 CFR 1.27.	(B) RESIDE Inted on the p Puyment of A check is Payment The Direct Deposit A	in the amount of the fee(s) is en hy credit card. Form PTO-203 checount Number_	country) Corporation or other private groundlessed. Is is attached. arge the required fee(s), or creating the required fee(s).	oup entity Government, but copy of this form).
(A) NAME OF ASSIGN (BASON H case check the appropriat The following fee(s) are I saue Fee Publication Fee (No Advance Order - # of Change in Entity States a. Applicant claims 8	NEB 2 assignee category or category e enclosed: small entity discount permitted f Copies 5 (from status indicated above EMALL ENTITY status. See	ornes (will not be pri 4b. ed) el) 37 CFR 1.27.	(B) RESIDE Inted on the p Puyment of A check is Payment The Direct Deposit A	in the amount of the fee(s) is en hy credit card. Form PTO-203 checount Number_	country) Corporation or other private groundlessed. Is is attached. arge the required fee(s), or creating the required fee(s).	oup entity Govern
(A) NAME OF ASSIGN CASON The following fee(s) are Issue Fee Publication Fee (No Advance Order - # o Change in Entity Status a. Applicant claims S e Director of the USPTO The Issue Pee and I	REB RESIGNEE category or category RESIGNEE category or category RESIGNEE	ornes (will not be pri 4b. ed) el) 37 CFR 1.27.	(B) RESIDE Inted on the p Puyment of A check is Payment The Direct Deposit A	ince: (CITY and STATE OR CHAPPAQ tatent): Individual AC Foc(s): in the amount of the fec(s) is en thy credit card. Form PTO-203 ctor is hereby authorized by che secont Number ant is no longer claiming SMA (y) or to re-apply any previous cother than the applicant, a reg	corporation or other private groundsed. 8 is attached. arge the required fee(s), or credit (credits an extra label). LL ENTITY status. See 37 CF by paid issue fee to the applicatistered attorney or agent; or the	it any overpayment, to copy of this form). R 1.27(g)(2). tion identified above. a assignee or other particular in the copy of the copy
(A) NAME OF ASSIGN CASON H case check the appropriat The following fee(s) are I Publication Fee (No Advance Order - # of Change in Entity States A Applicant claims 8	EB Exassignee category or category enclosed: small entity discount permitte f Copies (from status indicated above MALL ENTITY status. See is requested to apply the issued to apply the	ornes (will not be pri 4b. ed) 37 CFR 1.27. ue Fee and Publicati will not be accepted ent and Trudemark to	(B) RESIDE Inted on the p Puyment of A check is Payment The Direct Deposit A	ENCE: (CITY and STATE OR CHAPPAQ attent): Individual AC Fec(s): in the amount of the fee(s) is enthy credit card. Form PTO-203- stor is hereby authorized by chaccount Number ant is no longer claiming SMA y) or to re-apply any previous of other than the applicant, a reg Date	country) Corporation or other private groundlessed. Is is attached. arge the required fee(s), or creating the required fee(s).	it any overpayment, to copy of this form). R 1.27(g)(2). tion identified above. a assignee or other par

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Linder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.